

USPTO MAIL CENTER
NOV 11 2005
EXPRESS MAIL LABEL DATE IN



EV452775930US

COMPLETE LABEL

Type of



EXPRESS
MAIL

Addressee Copy
Label 11-F June 2002

Post Office To Addressee

UNITED STATES POSTAL SERVICE®

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery			Delivery Attempt	Employee Signature		
	<input type="checkbox"/> Next	<input type="checkbox"/> Second	<input type="checkbox"/> Flat Rate Envelope	Mo. Day	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Time
Date In	Postage			Delivery Attempt	Employee Signature		
Mo. Day Year	<input type="checkbox"/> 12 Noon	<input type="checkbox"/> 3 PM	\$	Mo. Day	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Time
Time In	Return Receipt Fee			Delivery Date	Employee Signature		
<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> 3rd Day	Mo. Day	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Time
Weight	Int'l Alpha Country Code			NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
lbs. ozs.	COD Fee			Customer Signature			
Delivery	Acceptance Clerk Initials			<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver or signature is requested. I wish delivery to be made without obtaining signature of addressee. I authorize delivery employee to sign for me. Signature of delivery employee (location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Total Postage & Fees						
METHOD OF PAYMENT:							
Express Mail Corporate Acct. No.				Federal Agency Acct. No. or Postal Service Acct. No.			

9 the

ter how many
Mail box.

FROM: (PLEASE PRINT)	PHONE ()
TO: (PLEASE PRINT)	
PHONE ()	

EXPRESS MAIL
FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

